



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

DUPLICATE CARD APPLICATION

FEE: \$20.00

☐ **LOST OR STOLEN CERTIFICATION/ACCREDITATION CARD**

PLEASE PRINT

NAME: _____ CERT#: _____ EXP DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ EMS EMPLOYER: _____

PHONE: _____

I hereby declare that my certification/accreditation card has been stolen or lost, and request that a duplicate card be issued.

SIGNATURE: _____ DATE: _____

☐ **CHANGE OF LEGAL NAME**

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION:

- Legal proof of name change; (for example: drivers license, marriage license, court documents).
- ICEMA Certification/Accreditation card.

PLEASE PRINT

FORMER NAME: _____ CERT#: _____ EXP DATE: _____

NEW NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ EMS EMPLOYER: _____

PHONE: _____

I hereby declare that my name has been legally changed, as stated above, and request that a certification/accreditation card bearing my new legal name be issued.

SIGNATURE: _____ DATE: _____

(ICEMA Use Only)

Reviewed/ Approved By	Legal Proof Received	ICEMA Card Received	Date Card Issued	Date Mailed or Picked up by Applicant	Paid Cash or M.O.	Receipt No.

Comments:
